



Congresswoman Susan W. Brooks

Fifth District, Indiana

Application for a United States Service Academy Nomination Class of 2022

(Please type or print clearly all information on this application – DUE NO LATER THAN OCTOBER 31, 2017)

Full Name:

(First) (Middle) (Last)

Academy Preferences

(Rank academies, *for which you submitted an application*,
1-4 according to your preference)

- _____ United States Air Force Academy
- _____ United States Merchant Marine Academy
- _____ United States Military Academy
- _____ United States Naval Academy

Insert
Headshot Photo of Yourself
Here

Are you a citizen of the United States?

Do you reside within the 5th Congressional District of Indiana?

Please note that if the answer to either question above is “NO”, you cannot receive a nomination from this Congressional District.

Home Address: _____

City: _____ County: _____ Zip: _____

Phone Number: _____ Email: _____

Last Name: _____ Date of Birth: _____

Father's Name: _____ Father's Phone: _____

Mother's Name: _____ Mother's Phone: _____

Other applications for nomination you have applied for (*please check all that apply*):

____ Senator Young ____ Senator Donnelly ____ Vice President ____ Other

Academics

Name of High School: _____

Grade Point Average: _____ Graduation Year: _____

For this application, you will be required to submit your high school transcript (through 6 semesters, if still in high school). Please submit no later than October 31, 2017.

Have you taken the SAT? If Yes, Please send a copy of your SAT Score Report.

OR, you may have College Board send one to us. Our SAT code is 1047.

Have you taken the ACT? If Yes, Please send a copy of your ACT Score Report.

OR, you may have ACT send one to us. Our ACT code is 7401.

Leadership/Service

Please Send a resume' which includes your employment, extracurricular activities, and community service. Please submit no later than October 31, 2017.

Please include or attach an essay (300 words max) on why you wish to attend a service academy. Please submit no later than October 31, 2017.

Last Name: _____

Medical/Physical

Have you taken or been scheduled to take your Academy medical exam (scheduled by DODMERB)?

Have you taken or been scheduled to take your Physical Aptitude Exam?

The following are common conditions that may cause an Academy to require you to obtain a waiver for admission. Please answer each question:

Do you wear corrective eyewear? _____ YES _____ NO

Have you had corrective laser eye surgery? _____ YES _____ NO

Have you ever been diagnosed with asthma, hay fever, or allergies? _____ YES _____ NO

If Yes, Explain:

Have you had surgery or broken bones in last ten years? _____ YES _____ NO

If Yes, Explain:

Have you ever been diagnosed with ADD or ADHD? _____ YES _____ NO

If Yes, are you currently taking medication or ever taken medication? _____ YES _____ NO

If Yes, Please Explain:

Have you ever had a Tattoo? _____ YES _____ NO

Have you ever had seizures or convulsions? _____ YES _____ NO

Character

Have you ever been convicted of a felony or misdemeanor? _____ YES _____ NO
Do NOT include speeding, parking, or traffic violations for which you did not receive points.
If Yes, Please Explain:

For this application, you are required to submit three (3) letters from individuals who can speak to your character. These cannot be from relatives and at least one must be from a non-school source. Please list the references below who will submit letters. Letters should be submitted no later than October 31, 2017).

Reference # 1: _____ Relationship: _____

Reference # 2: _____ Relationship: _____

Reference # 3: _____ Relationship: _____

Confirmation of Understanding/Permission

I (print name) _____, have read and given all information requested. I have answered all questions truthfully and to the best of my knowledge. I understand that any false information could result in me not getting a nomination. I also understand that filling out an application does not guarantee me a nomination, and a nomination does not guarantee an offer of admission to an academy. I also give permission for my name to be released to the media in the event that I am nominated by Congresswoman Brooks.

Signed: _____ Date: _____

Scanned PDF version of this application and all documents preferred. Email to kevin.sulc@mail.house.gov. Otherwise, mail this completed form and attachments to: Rep. Susan Brooks, 120 East 8th Street, #101, Anderson, IN 46016